

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10808321 4-21-89

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	3					
5	3					
6	3					
7	3					
8	3					
9	3					
10	3					
11	/					
12	/					
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17	/					
18	6					
19	6					
20	6					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

	CLAIMS		CLAIMS	
	IND	DEP	IND	DEP
51				
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				